

FIELD EXPOSURE REPORT

SECTION A: EMPLOYEE INFORMATION

EMPLOYEE NAME	EXPOSURE DATE	EXPOSURE TIME
FORM COMPLETED BY	DATE	TIME
LOCATION WHERE EXPOSURE OCCURRED	PCA	INDEX

SECTION B: CHEMICAL INFORMATION

CHEMICAL NAME(S)	
CHEMICAL STATE	CHEMICAL HAZARD(S)
<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas/Vapor	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic
EXPOSURE ROUTE	
<input type="checkbox"/> Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Open wound	
TOXICOLOGY	
<input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Irritant <input type="checkbox"/> Carcinogen <input type="checkbox"/> Teratogen / Mutagen	
<input type="checkbox"/> Asphyxiant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	
EXPOSURE SIGNS/SYMPTOMS	
<input type="checkbox"/> Skin Irritation <input type="checkbox"/> Eye Irritation <input type="checkbox"/> Nose/Throat Irritation <input type="checkbox"/> Chemical Burn <input type="checkbox"/> Headache	
<input type="checkbox"/> Nausea <input type="checkbox"/> Dizzy/Fainting <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
DIRECT READING LEVELS	CHEMICALS INFORMATION SOURCE(S)
CO _____ VOCs _____ H ₂ S _____	<input type="checkbox"/> MSDS <input type="checkbox"/> NIOSH GUIDE <input type="checkbox"/> None
LEL _____ O ₂ _____	<input type="checkbox"/> Other: _____

SECTION C: PPE

GLOVES (Outer = O Inner = I)	
<input type="checkbox"/> Nitrile _____ <input type="checkbox"/> Vinyl _____ <input type="checkbox"/> Neoprene _____ <input type="checkbox"/> Silver Shield _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> None	
CHEMICAL PROTECTIVE CLOTHING	
<input type="checkbox"/> Tyvek QC <input type="checkbox"/> SL / Saranex <input type="checkbox"/> Tyvek ProShield <input type="checkbox"/> Nomex <input type="checkbox"/> Other _____ <input type="checkbox"/> None	
RESPIRATORY PROTECTION	
<input type="checkbox"/> Fullface APR Type: Scott / Survivair Cartridge Type: _____	
<input type="checkbox"/> N/R/P 95 Filtering Facepiece <input type="checkbox"/> Escape Pack <input type="checkbox"/> Other _____ <input type="checkbox"/> None	

SECTION D: PROCEDURE/OPERATION

DESCRIBE TASK BEING PERFORMED AT TIME OF EXPOSURE

SIGNATURE

DATE

TIME